

p99 00000 1532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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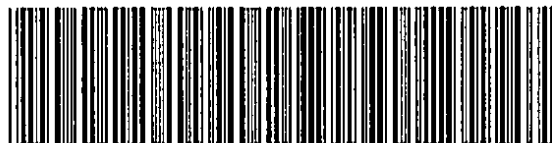
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

Blue Water Enviromental of Florida, Inc.

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** P99000001532  
\_\_\_\_\_

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Pastore

\_\_\_\_\_  
Name of Contact Person

Blue Water Enviromental of Florida, Inc.

\_\_\_\_\_  
Firm/Company

100 Aquatic drive

\_\_\_\_\_  
Address

St. Augustine, Florida 32084

\_\_\_\_\_  
City/State and Zip Code

john@bluewaterjax.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Pastore

904

880-1817

\_\_\_\_\_  
Name of Contact Person at ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☒ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

For

Name of Corporation as currently filed with the Florida Dept. of State

Document Number (if known)

**Corporate Name**

(Document Type Being Corrected)

filed with the Department of State on

(File Date of Document)

Environmental is misspelled for the original corporate name.

Please change "ENVIROMENTAL" to "ENVIRONMENTAL" for the Corporate Name

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

President

(Typed or printed name of person signing)

(Title of person signing)

**Filing Fee: \$35.00**